

PETITION FOR GE COURSE SUBSTITUTION (page 2)

SECTION IV

In consultation with your advisor, explain why this substitution is appropriate. (If more space is needed, please staple typed explanation to this form.)

Comments by Advisor:

Advisor Name (print)

Advisor Signature

Date

SECTION V

Comments by Chair of the Academic Department of the proposed SSU course listed in Section I.5.)

Dept. Chair recommendation: Approve Deny

Dept. Chair Name (print)

Dept. Chair Signature

Date

SECTION VI

Comments by GE Chair

GE Chair recommendation: Approve Deny

GE Chair Name (print)

GE Chair Signature

Date

SECTION VII

Admissions and Records action:

Designator Posted By

Date

Revised 10-09